

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9206
Registrar's No. 2689

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1325a St Ange St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community None
years, months or days

8. (a) PRINT FULL NAME John Ruppe

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 64 hr. min.

9. Birthplace Austria
(City, town, or country) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name George Ruppe
18. Birthplace Austria
(City, town, or country) (State or foreign country)

{ 14. Maiden name Mary Boll
15. Birthplace Austria
(City, town, or country) (State or foreign country)

16. (a) Informant Martin Ruppe
(b) Address Detroit Mich

17. (a) Burial (b) Date thereof March 24
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calumet Michigan

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) MAR 22 1940 (b) J. B. Ruppe
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1325 A. St. Ange St
(If rural, give location)
(e) If foreign born, how long in U. S. A. 46 years.

No Physician in Attendance

20. DATE OF DEATH, Month 20th day March
year 1940 hour 12:45 minute 1 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Chronic Hepatitis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (b) Means of injury _____

23. Signature Joseph M. Ruppe (M. D. or other)

Address St. Louis Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.